

Single Upright OA Knee Orthosis

 **Howard**
Orthotics and Prosthetics

Roger R. Howard, CPO
Director

Name: _____ DOB: _____
Address: _____
Referring Physician: _____
Rx: _____

**SAMPLE
RX**

**CUSTOM FIT
LEFT/RIGHT
SINGLE UPRIGHT
OA KO**

ICD-10 Dx: _____

Signature: _____
Date: _____ NPI: _____

DESIGNS FOR YOUR LIFESTYLE

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At a minimum, the following needs to be in **Doctor's Progress Note** to ***establish medical necessity*** in order for a patient's health insurance to cover the cost of a custom fit single upright knee orthosis:

1. Patient is ambulatory.
2. Patient has a need for both medial-lateral and rotational control.
3. Patient has varus/valgus laxity of the knee.
 - A varus/valgus test **must** be performed and documented.
4. Patient will need to be fit with a custom fitted knee orthosis rather than an off-the-shelf knee orthosis secondary to patient's anatomical presentation. In order for the knee orthosis to be effective, there will need to be more than minimal self adjustment of the knee orthosis by a Certified Orthotist.